



**ANNAPOLIS DEPARTMENT OF TRANSPORTATION
RESIDENTIAL PARKING PERMIT APPLICATION**

Licensing Year: July 1, 2004 - June 30, 2005

DISTRICT NO. _____

APPLICANT _____

DRIVER'S LICENSE: State _____ No. _____

DAYTIME PHONE #: Home () _____ Work () _____

ANNAPOLIS ADDRESS _____ Zip Code _____

Do you have off-street parking? _____ Yes _____ No

Do you? _____ Own _____ Rent

VEHICLE INFORMATION:

Permit # (Office use Only)	Car #	State	Tag No.	Year	Make/Model	Color	Fee
	1						
	2						
	3						
	4						
TOTAL							

I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT:

- I am a permanent resident of the above address and I intend to reside at that location for at least 101 days; I am also the authorized user of the above vehicle.
- The information stated above is true and correct and made for the purpose of obtaining a residential parking permit under the provisions of Chapter 12.32 of the Code of the City of Annapolis.
- I acknowledge that a residential parking permit does not allow me to park at parking meters, redlines, loading zones, handicapped spaces, or in areas prohibited by sign, or law.

Date _____ Signature _____

For Office Use Only

Off-Street Parking _____

Non-Resident Permit _____

Make Checks Payable to: City of Annapolis - Return all copies of application, a copy will be mailed to you with your sticker.